



REQUEST FOR PROPOSAL (RFP)

FITNESS CLASS PROVIDER FOR THE WELLNESS PROGRAM

RFP Number: 08-0009 Contract Number: _____
Issue Date: December 19, 2007 Opening Date/Time: January 2, 2008, 3:00 p.m.
Pre-Proposal: None Senior Contracting Officer: Susan Dugan, CPPB

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At the date and time specified above, all proposals that have been received in a timely manner will be opened, recorded, and accepted for consideration. The names of the financial institutions submitting proposals will be read aloud and recorded. The proposals will be available for inspection during normal business hours in the Office of Procurement Services within ten (10) working days after the opening date.

Respondents shall complete and return the entirety of this RFP. Failure to sign the proposal response, or to submit the proposal response by the specified time and date, may be cause for rejection of the proposal.

NO-RESPONSE REPLY

If any firm does not want to respond to this solicitation at this time, or, would like to be removed from Lake County's Vendor List, please mark the appropriate space, complete name below and return this page only.

- ☐ Not interested at this time; keep our firm on Lake County's Vendors List for future solicitations for this product / service
- ☐ Please remove our firm from Lake County's Vendor's List for this product / service.

VENDOR IDENTIFICATION

Company Name: _____ Phone Number: _____
E-mail Address: _____ Contact Person: _____

REQUEST FOR PROPOSAL (RFP) 08-0009
FITNESS CLASS PROVIDER
FOR THE LAKE COUNTY EMPLOYEE WELLNESS PROGRAM

1. Background

The employee wellness program is available to all employees who participate in the County's benefits program (e.g., Lake County Board of County Commissioners (LCBCC), Property Appraiser, Supervisor of Elections, Water Authority, and Metropolitan Planning Organization). There are approximately 859 Board employees and another 65 employees from other agencies participating in the County's benefits and wellness program. The purpose of the Lake County Employee Wellness program is to improve the health of Lake County employees by providing them with healthy and innovative solutions to healthy living.

2. Purpose

The purpose of this solicitation is to seek an organization that can offer onsite fitness classes to Lake County Employees. Types of classes requested include weight loss exercise programs, pilates, yoga, stretching, and other low impact group classes.

3. Scope

Provide onsite fitness programs to Lake County Employees which may include, but not be limited to, weight loss exercise programs, pilates, yoga, stretching, other low impact group programs, fitness workshops, counseling, consulting and other fitness-related programs. The vendor shall provide all of the necessary materials and equipment needed to conduct the programs. Program days and times will be governed by the County and subject to change to best benefit the County, Employees and/or location availability.

Instructor(s) shall be certified fitness instructor(s) by an accredited college or provider and/or a Kinesiology Degree. Copies of qualifications and certifications for the instructor(s) and substitute instructor(s), if applicable, should be sent with the proposal.

The County will provide the locations. It is the County's intent to make available onsite fitness programs at the Tavares campus (e.g, Administration Building, Agricultural Center, etc.), with the possibility of alternative locations in other outlying areas of the County (e.g, libraries, fire stations, etc.) if employees show interest in onsite fitness programs at their worksites. Vendors are advised that no minimum guarantee of volume or nature of service is to be assumed or completed under this contract. Employee attendance will be voluntary.

4. Insurance Requirements

INSURANCE: The Contractor shall provide and maintain during the entire term of the contract insurance in the following types and limits with a company or companies authorized to do business in the State of Florida. The Contractor shall not commence work under the contract until the County has received an acceptable certificate or certificates of insurance evidencing the required insurance

- X General Liability insurance on forms no more restrictive than the latest edition of the Commercial General Liability policy (CG 00 01 or CG 00 02) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

X	General Liability	
X	Each Occurrence/General Aggregate	\$1,000,000
X	Products-Completed Operations	\$1,000,000
X	Personal & Adv. Injury	\$1,000,000
X	Fire Damage	\$50,000
X	Medical Expense	\$5,000
X	Contractual Liability	

- X Automobile liability insurance, including owned, non-owned and hired autos with the following minimum limits and coverage:

Combined Single Limit	\$300,000
or	
Bodily Injury (per person)	\$100,000
Bodily Injury (per accident)	\$300,000
Property Damage	\$100,000

- X **Lake County, A Political Subdivision Of The State Of Florida, And The Board Of County Commissioners**, shall be named as additional insured as their interest may appear on the:

X General liability policy

- X Workers' compensation insurance in accordance with Florida Statute, Chapter 440, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc).
- X Professional liability and/or specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) insurance as applicable, with minimum limits of \$500,00 and annual aggregate of \$1,000,000.
- X Certificates of insurance shall provide for a minimum of thirty (30) days prior written notice to the County of any change or cancellation of the required insurance.
- X Certificates of insurance shall identify the bid/RFP number, contract, project, etc. in the Description of Operations section of the Certificate.
- X The Contractor shall be responsible for subcontractors and their insurance.
- X Certificate holder shall be: LAKE COUNTY, A POLITICAL SUBDIVISION
OF THE STATE OF FLORIDA,
AND THE BOARD OF COUNTY COMMISSIONERS
P.O. BOX 7800
TAVARES, FL 32778-7800

5. Designated Procurement Representative

Questions concerning any portion of this solicitation shall be directed in writing [fax and e-mail accepted] to the below named individual who shall be the official point of contact for this solicitation. Questions should be submitted no later than five (5) working days before the opening date.

Susan Dugan, CPPB, Contracting Officer
Lake County BCC
Office of Procurement Services
315 W. Main Street, Room 416
PO BOX 7800
Tavares, FL 32778-7800

Phone: 352.343.9839
Fax: 352.343.9473
E-mail: sdugan@lakecountyfl.gov

No answers given in response to questions submitted shall be binding upon this solicitation unless released in writing as an addendum to the solicitation by the Lake County Office of Procurement Services.

6. Submittal Requirements

Respondents shall complete and return in its entirety one (1) original, marked "ORIGINAL," and one (1) copy, marked "COPY," of their proposal package for review and evaluation by the County. Failure to provide the required copies and information may result in the proposal package not being considered. Proposals shall be sealed and delivered to the Office of Procurement Services no later than the official closing date and time. Any proposal received after this time will not be considered and will be returned unopened to the submitter. The County is not liable or responsible for any costs incurred by any vendor in responding to this RFP including, without limitation, costs for product and/or service demonstrations if requested. When you submit your proposal, you are making a binding offer to the County.

Proposals shall contain the following:

1. Completed RFP Cover Sheet
2. Completed Rate Form (copy attached) – Include a separate sheet with a short description of each class proposed.
3. Proposed Instructors Form (copy attached) – Include a separate sheet with each proposed instructors qualifications and certifications.
5. Completed Acknowledgement of Addenda and Proposal Signature Page
6. References Form (copy attached)

7. Delivery of Response

Unless a package is delivered by the vendor in person, all incoming mail from the U.S. Postal Service and any package delivered by a third party delivery organization (Fed-X, UPS, DHL, private courier, etc) will be opened for security and contamination inspection by the Lake County Clerk of the Circuit Court Mail Receiving Center in an off-site secure controlled facility prior to delivery to any Lake County Government facility, which includes the Lake County Office of Procurement Services.

To be considered for award, a bid or proposal must be received and accepted in the Office of Procurement Services prior to the date and time established within the solicitation. Allow sufficient time for transportation and inspection.

Each package shall be clearly marked with the applicable solicitation number and title. Ensure that your bid or proposal is securely sealed in an opaque envelope/package to provide confidentiality of the bid or proposal prior to the solicitation closing.

If you plan on submitting your bid or proposal **IN PERSON**, please bring it to:

LAKE COUNTY PROCUREMENT SERVICES
315 W. MAIN STREET
4TH FLOOR, ROOM 416
TAVARES, FLORIDA

If you submit your bid or proposal by the **UNITED STATES POSTAL SERVICE, (USPS)** please mail it to:

LAKE COUNTY PROCUREMENT SERVICES
PO BOX 7800
TAVARES, FL 32778-7800

If you submit your bid or proposal by a **THIRD PARTY CARRIER** such as Fed-X, UPS, or a private courier, please send it to:

LAKE COUNTY PROCUREMENT SERVICES
MAIL RECEIVING CENTER
416 W. MAIN STREET
TAVARES, FL 32778

Facsimile (fax) or electronic submissions (e-mail) will not be accepted.

8. Evaluation of Responses and Method of Award

Award will be made to the vendor which submits the overall proposal that is judged to provide the best value to the County. Proposals will be evaluated based upon the following criteria:

1. Qualifications of proposed personnel.
2. Proposed materials, classes offered and plan to accomplish tasks.
3. Proposed costs / fee schedule.
4. Reports from direct and indirect references.

5. Responsiveness and completeness of the written proposal to these instructions with regard to the Scope of Services.
6. Other relevant criteria.

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FOR THE WELLNESS PROGRAM**

RATE FORM

The County is seeking to provide employees with a variety of fitness opportunities. There are numerous acceptable formats of programs. Vendors are encouraged to propose a variety of fitness opportunities for the County's selection. Examples of different formats are provided below, with space to indicate the cost of those types of programs. Vendors are encouraged to list other additional formats to this list.

A flat fee will be paid per participant per program (e.g. the entire 4 or 6 week Pilates program)

Name of Program	Program Format (Days per week, Number of weeks per program) With options to continue for additional sessions	Cost per program
Example #1: Yoga	Example #1: 2 classes (40 minutes each) per week for 4 weeks.	
Example #2 Weight Loss Program	Example #2: 2 classes (60 minutes each) per week for 6 weeks for a total of 12 classes, with weigh-in and weigh out. Classes consist of aerobic and muscle building exercises.	
Example #3 Yoga Demonstration	Example #3: One-time demonstration of yoga presented as a noon-time wellness workshop.	
Example #4 Fitness Consultants	Example #4: One- hour fitness consultations for employees.	

Attach on a separate sheet that lists a short description of each program class proposed.

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**Proposed Instructors
(Including any Substitute Instructors Proposed)**

Name of Instructor

Name of Class

Type or Print Name

Type or Print Name

Type or Print Name

Type or Print Name

Type or Print Name

Type or Print Name

Type or Print Name

Provide qualifications and a copy of certifications for each name proposed.

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ACKNOWLEDGEMENT OF ADDENDA

Part I:
<p>The bidder must list below the dates of issue for each addendum received in connection with this RFP:</p> <p style="text-align: center;">Addendum #1, Dated: _____</p> <p style="text-align: center;">Addendum #2, Dated: _____</p>
Part II:
<p><input type="checkbox"/> No Addendum was received in connection with this ITB.</p>

By Signing This Proposal the Proposer Attests and Certifies That:

- It satisfies all legal requirements (as an entity) to do business in Lake County.
- The undersigned vendor acknowledges that award of a contract may be contingent upon a determination that the vendor has the capacity and capability to successfully perform the contract.
- The proposer hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this proposal document and any contract(s) and/or other transactions required by award of this solicitation.

Conflict of Interest Disclosure Certification

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

General Vendor Information and Proposal Signature:	
Firm Name:	
Street Address:	
Mailing Address (if different):	
Telephone No.:	Fax No.: _____ E-mail: _____
FEIN No. _____ - _____	
Signature: _____	Date: _____
Print Name: _____	Title: _____

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REFERENCE FORM

#1 Agency	
Address	
City, State, Zip	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	

#2 Agency	
Address	
City, State, Zip	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	

#3 Agency	
Address	
City, State, Zip	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	